

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28077

1. PLACE OF DEATH

County *Verona*
Township *Bacon*
City *Harwood* (No.)

Registration District No. *877*
Primary Registration District No. *6165-*

File No.
Registered No. *9*
St. Ward)

2. FULL NAME

Susan May Elder

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred *1* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>M</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>R. C. Elder</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 11 1867</i>		
7. AGE <i>71</i>	YEARS <i>11</i>	MONTHS <i>10</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cole Co Mo</i>		
13. NAME <i>John Anderson</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky.</i>		
15. MAIDEN NAME <i>Paul Know</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i> <i>R. C. Elder</i>		
17. INFORMANT (ADDRESS) <i>R. C. Elder</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Harwood</i> DATE <i>7-24-34</i>		
19. UNDERTAKER (ADDRESS) <i>Chas A Orr</i> <i>Harwood Mo</i>		
20. FILED <i>July 23 1934</i> <i>Pearl Peters</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 21 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 30 1934* to *July 21 1934*
last saw him alive on *July 21 1934* Death is said to have occurred on the date stated above, at *5:00* p. m.
The principal cause of death and related causes of importance were as follows:
acute dilatation of the heart.
Other contributory causes of importance:
mitral regurgitation.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *Chas A Orr* M. D.
(Address) *Harwood Mo*

